

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 500001

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		(1)		1		
6		(1)		1		
7	1		1			
8		1		1		
9		1		1		
10		2		1		
11		(1)		1		
12		(1)		1		
13		(1)		1		
14		(1)		1		
15		(1)		1		
16		(1)		1		
17		(1)		1		
18		(1)		1		
19	1		1			
20		1		1		
21		2		1		
22		(1)		1		
23		(1)		1		
24		(1)		1		
25	1		1			
26		1		1		
27		1		1		
28		3		1		
29		(1)		1		
30		(1)		1		
31		(1)		1		
32		(1)		1		
33		(1)		1		
34		(1)		1		
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36		(1)		1		
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49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	38	←	32	←		←
TOTAL CLAIMS	42		36			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						